

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/574668</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3							53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		1		↓		TOTAL IND.		↓		↓	
TOTAL DEP.		←		18		←		TOTAL DEP.		←		←	
TOTAL CLAIMS				19				TOTAL CLAIMS				↓	